

FORM NO. 5. MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**4913**

(1) PLACE OF BIRTH  
County of Pickens  
Township of Liberty  
or  
Inc. Town of \_\_\_\_\_  
or  
City of \_\_\_\_\_  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3765 Registered No. 04  
(For use of Local Registrar)  
St.; \_\_\_\_\_ Ward)  
If child is not yet named, make supplemental report as directed

(2) Full Name of Child. Ray Ralph Carter

(3) BOY OR GIRL? Boy (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married? ye (7) DATE OF BIRTH Feb. 12, 1915  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Ralph W Carter  
(9) PRESENT POSTOFFICE OF FATHER Liberty S C  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE Pickens Co S C  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Nicie Gantt  
(15) PRESENT POSTOFFICE OF MOTHER Liberty S C  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Pickens Co S C  
(19) OCCUPATION House work  
(21) Number of children of this mother now living, including present birth one

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at \_\_\_\_\_ (Born alive or stillborn) (Hour A. M. or P. M.)  
W. H. Sheldon M.D.  
(23) (Signature) \_\_\_\_\_ (25) Address of Physician or Midwife Liberty S C  
(24) State whether Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report  
Oct 7, 1915  
Edw. Miller  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) John T. Boyce  
(27) Filed Mar 26, 1915 (28) John T. Boyce Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.